

The record for this safety meeting must be kept for one year.

Employer

Worksite location	
-------------------	--

Meeting date:	Meeting start time:	Meeting end time:
---------------	---------------------	-------------------

Agenda:

- ☐ Review minutes of our previous meeting dated / / for corrections/approval.

- ☐ Progress report on last meeting's "ToDo" list:

- ☐ Discuss hazards, concerns, self-inspections, other inspections, etc., since our last meeting.



SAFETY MEETING MINUTES

The record for this safety meeting must be kept for one year.

Page 2 of 2

☐ Review accident/near miss reports to determine if causes were identified and corrected

Meeting date:

Meeting start time:

Meeting end time:

☐ Suggested updates to our Accident Prevention Program

☐ Other

To Do List:

Assigned to:

Due:

Minutes written by

Meeting leader (signature)

Date next meeting

Start time

Location

☐ Additional attendance, members absent, guests (from front) or other notes: